



TIMESHEET
 (203) 834-2100, fax: (877) FAX - 8644
 www.staffproviders.com

INSTRUCTIONS

1. Timesheet must be signed by both supervisor and employee and FAXED to (877) FAX - 8644 before Tuesday at 12:00 P.M. for paycheck to be available on Thursday of same week. Time sheets received after 12:00 P.M. on Tuesday will be processed the following week. Checks will not be released unless time sheet is complete, signed by employee, and approved with the client's signature.
2. The paycheck will reflect hours worked the previous week.
3. Please remember to use the nearest quarter hour. For example 7 hours 45 minutes is 7.75 hours.

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH	DAY TOTAL
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					
Total Hours					

I certify I worked the hours indicated above. When this assignment ends I agree to contact Staff Providers, LLC for further assignments. I understand that if I fail to contact Staff Providers, LLC I may be considered to have left work voluntarily without cause and unemployment benefits may be denied. If I choose to leave the assignment before it is completed, I understand and agree that I must contact Staff Providers, LLC to provide one week's notice. I agree for a period of one year after the termination on my assignment as a temporary employee of Staff Providers, LLC that I will not provide my services to this client or an affiliate of the client directly as an employee or consultant, or indirectly to this client as an employee of any other temporary agency or outsourcing agency.

Employee Signature _____ Date: _____

Employee Name (Please Print) _____

The undersigned certifies that the above hours are correct and that the work performed was satisfactory.

Supervisor Signature _____ Date: _____

Supervisor Name (Please Print) _____

Company Name (Please Print) _____

ASSIGNMENT IS CONTINUING ASSIGNMENT IS FINISHED